

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-18-03.

### I. DISPUTE

Whether there should be reimbursement for CPT code 95904.

### II. FINDINGS

1. The requestor billed \$960.00 for the disputed services.
2. The respondent paid \$384.00 based upon "N – Not documented."
3. Total amount in dispute per TWCC-60 is \$128.00.
4. The insurance carrier submitted a timely response to the request for medical dispute resolution.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12-17-02	95904 (X8)	\$960.00	\$384.00	N	\$64.00 / nerve	Medicine GR (IV) CPT Code Descriptor	Nerve study report supports testing of Radial, Medial and Ulnar nerves bilaterally. Therefore, the requestor was appropriately reimbursed.

### IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code, 95904.

The above Findings and Decision are hereby issued this 3<sup>rd</sup> day of June 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division